

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

COMPUTER INPUT

☐ APPLICATION  
☐ PERMIT  
☐ CERTIFICATE  
☐ OTHER

☒ SURFACE WATER

☐ GROUND WATER

NAME Lewis County Community Services Dept			TELEPHONE NO. 740-1134		
ADDRESS PO Box 297		(CITY) Chehalis	(STATE) Washington	(ZIP CODE) 98532-0297	
ASSIGNED TO			TELEPHONE NO.	DATE ASSIGNED	
ADDRESS		(CITY)	(STATE)	(ZIP CODE)	
APPLICATION NO. <b>5228950</b>		PERMIT NO.		CERTIFICATION NO.	
DATE AMENDED		DATE CANCELLED		W.R.I.A. <b>26</b>	
<b>APPLICATION</b>					
DATE APPLICATION RECEIVED <b>9-23-93</b>		INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE FEE RECEIVED <b>9/23/93</b>	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$		DATE SENT <b>100.00 Paid</b>		DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION			DATE RECEIVED		
<b>TEMPORARY PERMIT</b>					
APPROVED BY			DATE ISSUED		
<b>PUBLICATION</b>					
APPROVED BY		DATE APPROVED		DATE NOTICE SENT <b>12/13/93</b>	
PROTESTED BY AND DATE					
DATE AFFIDAVIT RECEIVED <b>1/6/94</b>	CHECKED BY <b>8</b>	TIME EXPIRED <b>1/29/94</b>	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED
<b>DEPARTMENT OF GAME AND FISHERIES REPORT</b>					
APPROVED <b>no salmon present</b> <b>DOP 1/7/94</b>		PROVISO		PROTEST	
<b>EXAMINATION</b>					
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN	WRITTEN BY	CHECKED BY	
DATE PERMIT FEE REQUESTED		AMOUNT DUE	DATE RECEIVED		
<b>PERMIT</b>					
PERMIT APPROVED BY		DATE APPROVED	PERMIT NO.	DATE ISSUED	
<b>BEGINNING OF CONSTRUCTION</b>					
DATE NOTICE SENT		DATE FILED	EXTENSION FEE		
EXTENDED TO			EXTENDED TO		
<b>WELL DRILLER'S AND/OR CONSTRUCTION REPORT</b>					
DATE SENT			DATE FILED		
<b>COMPLETION OF CONSTRUCTION</b>					
DATE NOTICE SENT		DATE FILED	EXTENSION FEE		
EXTENDED TO			EXTENDED TO		
<b>PROOF OF APPROPRIATION</b>					
DATE SENT	DATE FILED	EXTENSION FEE		EXTENDED TO	
DATE CERTIFICATE FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE	APPROVED BY	
<b>CERTIFICATION</b>					
PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		CERTIFICATE NUMBER		DATE ISSUED	

REMARKS